SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:					PAGE		18 OF		82
	(check only one)									
	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Oleson, Kurt, , , Date of Receipt Mailing Address 7 Chloe Ct 13 2017 City Zip Code State Transaction ID: A1E4F7040AD7422A9F99 Bloomington IL 61704-8666 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vp & Chief Compliance Officer State Farm Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Palacios, Kirsten, , , Date of Receipt Mailing Address 86 Parkview Cir 04 2017 City State Zip Code Transaction ID : BBCF71E2927545E1AFF0 PA Chesterbrook 19087-4188 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) State Farm Sales Leader Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pan, Sean, , , Date of Receipt Mailing Address 6140 Olde Atlanta Pkwy 28 2017 City State Zip Code Transaction ID: 73377E9F46054FD99FE7 GΑ Suwanee 30024-3448 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) State Farm Sales Leader Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___